

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

796

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

433

1. PLACE OF DEATH A. COUNTY Maricopa	B. LENGTH OF STAY IN THIS TOWN 37 yrs. IN ARIZONA 37 yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)			
	C. CITY OR TOWN Phoenix		A. STATE Arizona		B. COUNTY Maricopa	
	D. FULL NAME OF HOSPITAL OR INSTITUTION 614 W. Van Buren St.		C. CITY OR TOWN Phoenix		D. STREET ADDRESS 614 W. Van Buren St.	
3. NAME OF DECEASED (TYPE OR PRINT) Margaret			A. (FIRST) Iago		B. (MIDDLE) Cannon	
4. SEX F			5. COLOR OR RACE W		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
6B. NAME OF SPOUSE Joe D. Cannon			7. DATE OF BIRTH MONTH DAY YEAR Feb. 21 1886		8. AGE (IN YEARS) LAST BIRTHDAY 67	
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Proprietress Tavern			9B. KIND OF BUSINESS OR INDUSTRY Tavern		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ireland	
11. CITIZEN OF WHAT COUNTRY? U.S.A.			12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. Unk.	
14A. FATHER'S NAME Unk.			14B. BIRTHPLACE (STATE OR COUNTRY) Ireland		15A. MOTHER'S MAIDEN NAME Katherine Kilcoysie	
15B. BIRTHPLACE (STATE OR COUNTRY) Ireland			16. INFORMANT'S SIGNATURE Mrs. Margaret Richardson (dau) 4019 S. 7 St.			
17. DATE OF DEATH (MONTH) (DAY) (YEAR) February 15 1954			18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: CORONARY OCCLUSION II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM [HEREBY CERTIFY THAT I EXAMINED THE BODY] ON 15 Feb. 1954 THAT I LAST SAW THE DECEASED ALIVE ON [DATE] 19 [ ] AND THAT DEATH OCCURRED [ ] FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
22A. SIGNATURE [Signature]			22B. ADDRESS Phoenix		22C. DATE SIGNED 2-15-54	
23A. ACCIDENT, SUICIDE, HOMICIDE, NATURAL CAUSE (SPECIFY) Natural Cause			23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) In home, bedroom		23C. (CITY OR TOWN) (COUNTY) (STATE) Phoenix, Maricopa, Arizona	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 2-15-54 1:00p M			23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR? Natural Causes	
24A. CORONER'S SIGNATURE [Signature]			24B. ADDRESS West Phoenix, Court House		24C. DATE SIGNED 2-17-54	
25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>			25B. DATE Feb. 18, 1954		25C. NAME OF CEMETERY OR CREMATORY Double Butte Cemetery	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona			26A. DATE REC. BY LOCAL REG. 2/17/54			
26B. REGISTRAR'S SIGNATURE [Signature]			27A. FUNERAL DIRECTOR'S SIGNATURE [Signature]		27B. ADDRESS & CITY A. L. MARR, 601 W. PHOENIX, ARIZONA	